

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)**

SERIAL NO.  
**491284**  
APPLICANT(S)

FILING DATE  
**1-26-00**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
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47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL NO.	2		4			
TOTAL DEF.	7		165			

9 69

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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100						
TOTAL NO.			4			
TOTAL DEF.			65			

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